

Problems faced by dalia and solution

[Literature](#), [Biography](#)



Presenting issue (including referral source)

The client's issues include argumentative behavior with peers and teachers, a consistent feeling of irritability, absenteeism from school, verbal conflicts with classmates and a record of poor concentration in class. The client is also dealing with extreme sexual behavior with her male peers from within and outside school. She is also very argumentative with parents home and she is physically threatening. Her sleeping patterns are a concern as she is up most of the night and sleeps most part of the day. Her poor sleeping patterns are often coupled with irritability and extreme impulsive behaviors.

Demographic information

Dalia is a 14 year old biracial female student from an African and Irish American descent who live with her middle class parents. In the family, Dalia is the youngest and she is the only child living with her parents currently.

Current living situation

Dalia's living condition is unhealthy which has raised concerns to her parents who are currently seeking counseling services as a result of her behavioral issues based on the recommendations from school. Currently she has poor records of school attendance, verbal conflicts, argumentative behavior, poor sleeping patterns of staying up all night and sleeping during the day and a very irritable mood.

Birth and developmental history

There are no records of complications at birth that would facilitate the client's behavior. She has no records of biological concerns or reports and doesn't have any history of significant illnesses or hospitalizations since

birth. During childhood, Dalia doesn't have any history of developmental issues. She is currently in adolescent stage of development where she is struggling with various issues at school and at home. Most of these concerns are involved with her current stage of development although with proper counseling, she can get help.

School and social relationships

There are no records of positive school relationships since she is always arguing and causing physical altercations with her peers. She is irritable and moody most of the time thus doesn't maintain any friendship. Her social life in school is of concern to her parents and teachers due to her verbal conflicts, argumentative behavior with her teachers and peers and various physically threatening behaviors. She is also involved in unhealthy intimacy and sexual behavior with most of her male peers.

Family members and relationships

Dalia lives with her parents alone since her siblings are already grown. Being the last born in the family, there are no records of a stable relationship with her siblings who have already left the home. Her relationship with her parents is not a recommendable one considering she's always being scolded for her behavior.

Health and medical issues (including psychological and psychiatric functioning, substance abuse)

There are no records of medical issues or cases of substance abuse or psychological and psychiatric functioning.

Spiritual development

Dalia was brought up in an upright manner considering her parents want to seek help to counsel her unpleasant behavior. However, there are no records of any negative spiritual development cases.

Social, community, and recreational activities

Dalia leads an inactive life which is made of poor sleeping patterns of staying up all night and sleeping during the day. She doesn't participate in any recreational activities with friends or other community members.

Client strengths, capacities, and resources

There is no historical record of the client's strengths, resources and capabilities.

PART B

Explain the challenges faced by the client(s)—for example, drug addiction, lack of basic needs, victim of abuse, new school environment, etc.

According to studies by Bateman, A., & Krawitz, (2013) about Borderline Personality Disorder, there are high chances that Dalia could be suffering from this disorder which is a mental health condition that creates behavioral, moody and relationship instability. Individuals suffering from this disorder have a problem regulating their thoughts, self-image and emotions. Just like Dalia, they are mostly reckless and impulsive and they have unstable relationships with peers and parents. According to studies, environmental factors, genetics and brain abnormalities are likely to cause this disorder.

Dalia is dealing with relationship issues between her and her parents and her peers. She is moody all the time and most irritable. When she's active, Dalia

gets involved in fights and physical altercations with her peers and incessant verbal conflicts. In school, she has records of poor classroom attendance and poor concentration with school work. To avoid school, Dalia is involved in extreme and unhealthy sexual behavior with her peers and constant argumentative behavior with those who reprimand her such as her teachers and parents. She has an anti-social behavior thus she is asleep most time of the day and awake during the night. This behavior has caused her to have an irritable mood and extremely impulsive behavior.

Analyze how the social environment affects the client

Home environment is significant for maintaining well-being and health among the mentally ill and people living with various conditions and disabilities. Although staying at home has a calming effect on an individual's being, studies show that people who fit well into the society are more content and show more responsiveness to a healthy and positive wellbeing. This is because, human beings were created to fit into a society and be part of it. Poor social circumstances such as those highlighted under the client's case often affect one's health throughout their life. Studies show that people with poor economic circumstances and poor social life have high risks of serious illnesses and premature death than the socially upright who are able to fit in any social circumstance.

Being the last born in the family, Dalia spends most of her time alone or with her parents. Lack of a social life with family and friends causes a lot of loneliness which has negative health effects to an individual. According to studies by Erikson, E., (2014), persistent loneliness is likely to cause irritability, moody behavior, excessive argumentative behavior and inability

to deal with emotional instability. Lack of a social life can also cause borderline personality disorder and other conditions such as depressive disorder and post-traumatic stress disorder among others. Other than loneliness, the client's behavior might be caused by an abusive primary caretaker such as the parents although the case study doesn't highlight any history of abuse.

Identify which human behavior or social theories may guide your practice with this individual and explain how these theories inform your assessment.

Psychosocial theory

Psychosocial theory is a critical theory in this study as it focuses on the manner in which individuals react to their social environment. This theory was posited by Erikson, E., (2014), who believes that an individual's sense of self evolves and grows as they encounter a series of social crises in their life, each of which causes the individual to adapt and react in a different way. Some of these crises may occur during infancy and control how one trusts and informs qualities such as self-worth, competency, intimacy, isolation and feeling of inferiority. This theory applies to Dalia as it explains how she sees herself, how she reacts with the people and world around her and the various skills she is likely to develop in life such as isolation, truancy, poor sleeping patterns among others.

Psychodynamic theory

This theory shall apply in the study as it explains why people behave the way they behave. According to this theory the conscious and unconscious

mind are always in constant conflict which causes anxiety and makes an individual to adopt various defense mechanisms in order to deal with the stress and pressure of inner conflicts (Lyla, 2006).

Explain how you would use this assessment to develop mutually agreed-upon goals to be met in order to address the presenting issue and challenges face by the client.

Traditionally, social workers use a series of processes and assessments to assist clients deal with their problems and unhealthy life conditions. Being in a similar field, I will use the assessment and collected information about the client to carry out a diagnosis to make sense of the information. This will help me collaborate with the client and develop a significant treatment plan that will help change the client's problems and negative experiences. This will then help me to carry out an evaluation on the client which will determine whether or not the process has been helpful.

Explain how you would use the identified strengths of the client(s) in a treatment plan.

Treatment plans are collaborative and strength based in that they aim at reflecting the best interests of the client in therapy. In treatment, the most significant step is in promoting the client's welfare and well-being by assessing their strengths and abilities. People have a series of untapped resources both spiritually, physically, socially and emotionally which can be mobilized in times of need. By tapping the client's possibilities, I will be able to unveil the client's treatment goals and their wellbeing in the process. By

using their strengths, I will empower my client to tap into areas of stability to enable them achieve their goals. The identified strengths will enable me to answer questions that the client may have such as, ' how can they deal with emotional instability?' They will also enable us to work together to achieve the outlined treatment goals (Countries, P. U. C.-N. H. D. A. H.-I., 2013).

Explain how you would use evidence-based practice when working with this client and recommend specific intervention strategies (skills, knowledge, etc.) to address the presenting issue.

This evidence based practice will involve knowledge creation and distillation whereby I will conduct research on the client and package critical research findings into relevant products that can be applied into action such as precise practice recommendations. I will then carry out a diffusion and dissemination which will involve partnering with various professional health organizations to help establish the cause of my client's actions. I will then get my client to adopt and consistently use the evidence based research findings and recommendations with the help of the tutor and the caregivers. These recommendations will include paying attention to how they feel to avoid overreacting, using positive self-talk, separating between primary and secondary emotions, listening to oneself before reacting and learning various self-soothing behaviors such as trying soft self-ouch, soothing music and taking a warm shower (Melnyk, B., & Fineout-Overholt, 2011).

Analyze the ethical issues present in the case. Explain how will you address them.

Argumentative behavior with teachers and peers is an unethical issue which can be addressed by increasing self-tolerance of distress and uncertainty of situations.

Physical altercations is unethical which the client can handle by practicing various pleasant methods such as responding to situations slowly by thinking fast, holding onto cold substances until the emotions subside or visualizing things that have a calming effect such as ocean wave, stream or slow music.

Truancy is unethical which can be managed through proper time planning, motivation and preparedness.

Lack of a social life is unethical especially to a teenager which can be addressed by appreciating and believing in herself, constant positive and writing positive notes to improve self-worth.

Describe the issues will you need to address around cultural competence

As Garcia, B., & Petrovich, A. (2011) posits, cultural competence is an individual's ability to relate with people from different cultures effectively. It means being respectful and responsive to various health practices and beliefs and well as linguistic/cultural needs of various population groups. In this case, I will need to address my client's inability to interact positively with peers, parents and teachers which is a cultural competent requirement. I will also address the major components of cultural competency which are lacking in the Dalia's case study. I will address her attitude towards life, her knowledge of human values and beliefs, her awareness of individual reactions and biases towards people she encounters on a daily basis. Finally, I will address her skill component of having an excellent understanding of a

respectful and effective communication with her peers and her seniors which will include body language among other communication styles.